

Community Trail Survey

The Sisters Community Action Team is planning a community trails system that will connect subdivisions in the Sisters School District to the town of Sisters and School Campuses with safe, non-motorized trails for walking, jogging, bicycling and horseback riding. The trail system would serve as a community transportation system, as well as provide connections from the community to recreation activities in the adjacent National Forest. The Sisters Trail System is voluntary project. It will have no direct cost to taxpayers. This survey is to help the Trails Committee understand what kind of trail system you—the residents of the Sisters Community—would like to have.

1. How should a community trail system in Sisters be used? Please rate each of the activities below with a 1, 2, or 3:

1. I would use the trail for this activity.
2. I think this activity should be accommodated, but I would not use the trail in this way.
3. I don't think this is an appropriate activity for the trail.

<input type="checkbox"/> Commuting to work/school	<input type="checkbox"/> Bicycling	<input type="checkbox"/> Cross Country Skiing
<input type="checkbox"/> Horseback riding	<input type="checkbox"/> Mountain Biking	<input type="checkbox"/> Nature observation/birding
<input type="checkbox"/> Running/jogging	<input type="checkbox"/> Roller blading	<input type="checkbox"/> Snowshoeing
<input type="checkbox"/> Walking	<input type="checkbox"/> Riding Scooters	<input type="checkbox"/> Group outings
<input type="checkbox"/> Walking pets	<input type="checkbox"/> Riding Skateboards	<input type="checkbox"/> Other (specify _____)

2. From the list of activities above, please indicate the top three activities in which you are most likely to participate:

1. _____ 2. _____ 3. _____

3. If you used a community trail system, where would you most want to travel to from your house? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> A. Town of Sisters | <input type="checkbox"/> D. National Forest recreation trails |
| <input type="checkbox"/> B. School | <input type="checkbox"/> E. Other (Specify) _____ |
| <input type="checkbox"/> C. Work | |

4. Which of three of the above destinations would be most important?

1. _____ 2. _____ 3. _____

5. How often would you use the trail?

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> A. Daily | <input type="checkbox"/> C. Weekends only | <input type="checkbox"/> E. Not at all |
| <input type="checkbox"/> B. Weekly | <input type="checkbox"/> D. A few times a year | |

6. Please check the landscaping/design elements that would enhance your experience on the trail: (Check all that apply)

<input type="checkbox"/> Paved trail surface	<input type="checkbox"/> Toilets	<input type="checkbox"/> Posted regulations	<input type="checkbox"/> Information Kiosks
<input type="checkbox"/> Dirt trail surface	<input type="checkbox"/> Benches	<input type="checkbox"/> Viewing areas	<input type="checkbox"/> Parking at trailheads
<input type="checkbox"/> Compacted gravel surface	<input type="checkbox"/> Water fountains	<input type="checkbox"/> Pet waste disposal	<input type="checkbox"/> Exercise course with stations
<input type="checkbox"/> Dual surface (dirt & paved)	<input type="checkbox"/> Garbage cans	<input type="checkbox"/> Fencing	<input type="checkbox"/> Covered picnic shelters
<input type="checkbox"/> Picnic Tables	<input type="checkbox"/> Emergency phones	<input type="checkbox"/> Mile markers	<input type="checkbox"/> Artwork (murals, sculptures)
<input type="checkbox"/> Trail signing	<input type="checkbox"/> Historical/Interpretive signs		<input type="checkbox"/> Native plant landscaping
<input type="checkbox"/> Other (specify) _____			

7. From the list of design elements above, please indicate the top five elements of most important to you:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Tell us something about yourself:

8. Are you a residence of the Sisters School District? Yes ☐ No ☐

9. Where do you live?

- ☐ A. City of Sisters
☐ B. Local Subdivision (name of subdivision, i.e. Crossroads) _____
☐ C. Local Rural Area (name of area, i.e. Cloverdale) _____
☐ D. Other (Outside School District) _____

10. How old are you?

- ☐ A. 1-10 ☐ D. 19-25 ☐ G. 65 +
☐ B. 11-13 ☐ E. 26-40
☐ C. 14-18 ☐ F. 41-65

11. Gender: Male ☐ Female ☐

12. You are completing this survey representing: ☐ Individual ☐ Household: number in household _____

13. Do you have any ideas, comments, or concerns you would like to make about the trail system?

Thank you for your time in assisting the CATS Sisters Trail Committee.

Would you like to help the Trail Committee create a community trail system? We need volunteers for all aspects of the project- assembling mailings, planning activities and events, working with kids, collecting information, fundraising, constructing the trail, and much more! This is a community project and we welcome everyone's participation!

If you are interested in helping us, please contact the CATS Office at **549-2287**, or complete the below information, and we will contact you.

Name: _____

Address: _____

Phone Number _____ E-Mail Address _____

Interest or special skills: _____

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